2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000035153

Entity Name: JACKSONVILLE 1, LLC

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2010 N NEBRASKA AVE. 549 SUWANEE CIRCLE TAMPA, FL 33602 TAMPA, FL 33606

Current Mailing Address: New Mailing Address:

2010 N NEBRASKA AVE. 13509 PRESTIGE PLACE TAMPA, FL 33602 TAMPA, F 33635

FEI Number: 02-0608746 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STOVER, WILLIAM J
2010 N NEBRASKA AVE.
TAMPA, FL 33602 US
STOVER, WILLIAM J
549 SUWANEE CIRCLE
TAMPA, FL 33606 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 04/28/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 STOVER, WILLIAM
 Name:
 STOVER, WILLIAM

 Address:
 2010 N NEBRASKA AVE.
 Address:
 549 SUWANEE CIRCLE

 City-St-Zip:
 TAMPA, FL 33602
 City-St-Zip:
 TAMPA, FL 33606

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: STOVER, MEGAN STOVER, MEGAN

Address: 2010 N NEBRASKA AVE. Address: 549 SUWANEE CIRCLE
City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WILLIAM J STOVER MM 04/28/2009